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U.S. DISTRICT COURT E.D.N.Y.
★ APR 01 2019 ★
LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Tarell Holloway

CV - 19 1895

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

Plaintiff,

[Insert full name of plaintiff/prisoner]

JURY DEMAND

SEYBERT, J.

YES ☒ NO ☐

BROWN, M. J.

-against-

Suffolk County Correctional
Facility

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Tarell Holloway

If you are incarcerated, provide the name of the facility and address:

Suffolk County Correctional Facility 110 Center
drive, Riverhead, NY 11901

Prisoner ID Number: 483024

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If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

ERROL TAYLOR JR
Full Name

Sheriff
Job Title

110 center drive Riverhead
NEW YORK, 11901
Address

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? housing area 2 west
South #8 cell (2nd floor)

When did the events happen? (include approximate time and date) 12/19/18 at 4:30pm,
1/9/19 at 5:30 and 1/13/19 at 3:30pm

Facts: (what happened?) I was being housed at 2 West South number 8 cell at Suffolk County Correctional facility, which has unsanitary conditions and black mold on it walls, and Due to those unsanitary conditions, I contracted cellulitis of the eye's and the face.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I was hospitalized for 8 days due to the cellulitis that turned into a blood infection that caused profound physical and emotional, pain and blurriness to my left eye still

III. Relief: State what relief you are seeking if you prevail on your complaint.

monetary and punitive damages, emotional
distress and pain and suffer.

I declare under penalty of perjury that on 3/18/19, I delivered this
(date)
complaint to prison authorities at Suffolk County to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 3/18/19

Tarell Holloway
Signature of Plaintiff

Suffolk County Correctional Facility
Name of Prison Facility or Address if not incarcerated

110 Center drive

Riverhead, NY 11901

Address

Address

483024
Prisoner ID#